MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08493

CERTIFICATE OF DEATH

Reg. Dist. No. 13

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick; LENGTH OF STAY (in this place) 1 yr. 7 mon; HOSPITAL OR INSTITUTION OR STREET ADDRESS 127 S. Bentz Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Fred.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick Maryland; STREET ADDRESS (If rural, give location) 127 S. Bentz Street

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) Major (Last) Bolden

4. DATE OF DEATH (Month) (Day) (Year): Aug. 24 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Mar. 15, 1872

9. AGE last birthday: 80 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Minister

10b. KIND OF BUSINESS OR INDUSTRY: Contractor

11. BIRTHPLACE (State or foreign country): Steubenville, Ohio

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Bolden

14. MOTHER'S MAIDEN NAME: Elmira Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Gwendolyn Henson 127 S. Bentz St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cl. Cardio Renal Vascular Disease — Interval Between Onset and Death: 3 yr

442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-1, 19 52, to 8-24, 19 52; that I last saw the deceased alive on 8-24, 19 52, and that death occurred at 9 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) M. D. ADDRESS DATE SIGNED 8-25-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Aug 27, 1952

NAME OF CEMETERY OR CREMATORY: Riverside Cemetery

LOCATION (City, town, or county) (State): Troy, Ohio

DATE REC'D BY LOCAL REG.: 26 August 1952

REGISTRAR'S SIGNATURE: Elizabeth G Heck.

24. FUNERAL DIRECTOR: Charles E. Hicks III ADDRESS: Fred. Md.

RECEIVED
AUG 27 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08494

CERTIFICATE OF DEATH

Reg. Dist. No. 139

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Frederick — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: State Sanatorium
LENGTH OF STAY (in this place): Since 7/10/52
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Victor Cullen State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kensington
STREET ADDRESS (If rural, give location): 86 Concord St. ✓

3. NAME OF DECEASED (Type or Print): (First) Eva (Middle) V. (Last) Chesky

4. DATE OF DEATH: (Month) August (Day) 29 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Separated

8. DATE OF BIRTH: Feb. 6, 1921

9. AGE last birthday: 31 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Granville L. Berry

14. MOTHER'S MAIDEN NAME: Catherine Wagner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: 220-12-3062

17. INFORMANT: Mrs. Lillian Bowen, Sister

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

002X Immediate cause (a) Pulmonary Tuberculosis — 7 Mos.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bronchiectasis — 12 Yrs.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/10, 19 52 to 8/29, 19 52, that I last saw the deceased alive on 8/29, 19 52 and that death occurred at 3:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): J. D. Lyon, M.D. — ADDRESS: State Sanatorium, Md. — DATE SIGNED: 8/30/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 9-2-52 | NAME OF CEMETERY OR CREMATORY: Ft. Lincoln | LOCATION (City, town, or county) (State): W. Bad. Co., Md.

DATE REC'D BY LOCAL REG. 8/30/52 | REGISTRAR'S SIGNATURE: J. D. Lyon | 24. FUNERAL DIRECTOR: R. A. Humphrey | ADDRESS:

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 134

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Emmitsburg
LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Emmitsburg
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) CORBIN (Last) CRETIN
4. DATE OF DEATH (Month) Aug (Day) 3 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH July 23, 1870
9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Manager
10b. KIND OF BUSINESS OR INDUSTRY Factory Sewing Machine
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Alpine Cretin
14. MOTHER'S MAIDEN NAME Mary Ellen Corbin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS John L. Cretin, Emmitsburg, R.D. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
420.1	Immediate cause	(a) Acute coronary occlusion	45 min.
	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Angina pectoris	6 yrs.
		(c) Arteriosclerosis	?

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 2, 1952, to Aug. 3, 1952 that I last saw the deceased alive on Aug. 3, 1952 and that death occurred at 9:10 a.m., from the causes and on the date stated above.

SIGNATURE M. Franklin Birely (Degree or title) MD ADDRESS Thurmont, Md. DATE SIGNED Aug. 4, 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug. 6, 1952
NAME OF CEMETERY OR CREMATORY St. Anthonys Cemetery
LOCATION (City, town, or county) St. Anthonys (State) Md.

DATE REC'D BY LOCAL REG. Aug 5 - 1952
REGISTRAR'S SIGNATURE M. F. Sluff
24. FUNERAL DIRECTOR M. L. Edwards Son, Thurmont, Md. ADDRESS

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

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BUREAU V.S.I.

08496

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 138

1. PLACE OF DEATH — COUNTY: Frederick Co — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Kemptown Md — LENGTH OF STAY (in this place): All Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Frederick Md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Kemptown Md
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) FULTON (Middle) CLAY (Last) DAVIS.
4. DATE OF DEATH (Month) AUG (Day) 9 (Year) 1952

5. SEX: MALE
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: April 1-1890
9. AGE last birthday: 62 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: State Road
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Fulton Davis
14. MOTHER'S MAIDEN NAME: Rovenia Shickels

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) N
16. SOCIAL SECURITY NO.: no
17. INFORMANT: Mrs George Eader

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — 1 hour

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic cardiovascular disease. — 10 years.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 2, 1951, to August 8, 1952, that I last saw the deceased alive on July 26, 1952, and that death occurred at 10:00 P.M., from the causes and on the date stated above.

SIGNATURE: James P. Kerr (Degree or title) M.D. — ADDRESS: Damascus, Md. — DATE SIGNED: 8/9/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Aug 11 1952 — NAME OF CEMETERY OR CREMATORY: Kemptown Md — LOCATION (City, town, or county) (State): Montgomery Co Md

DATE REC'D BY LOCAL REG.: Aug. 11, 1952 — REGISTRAR'S SIGNATURE: Raymond F. Day — 24. FUNERAL DIRECTOR: Roy W. Barber — ADDRESS: Laytonsville Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
SEP 5 1952
BUREAU V. S.

08497

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS 505 Wilson Place

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural, give location) 505 Wilson Place

3. NAME OF DECEASED (Type or Print) (First) JACK (Middle) STEVEN (Last) FRITZ
4. DATE OF DEATH (Month) August (Day) 6 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify) Single
8. DATE OF BIRTH Feb. 2, 1950
9. AGE last birthday 2 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Jack W. Fritz
14. MOTHER'S MAIDEN NAME Dorothy Boyer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mr. Jack W. Fritz, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Encephalo-myelitis — INTERVAL BETWEEN ONSET AND DEATH 36 hours.

343X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 2, 1952, to Aug 6, 1952, that I last saw the deceased alive on Aug 5, 1952, and that death occurred at 6:00 A. m., from the causes and on the date stated above.

SIGNATURE: Bernard O. Hanna Jr. M.D. (Degree or title) ADDRESS Frederick, Md DATE SIGNED Aug 7, 1952

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify) Burial
DATE THEREOF Aug. 8, 1952
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) (State) Frederick, Maryland
DATE REC'D BY LOCAL REG. 7 Aug 1952
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR ADDRESS C. E. Cline & Son, Frederick, Maryland

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 9 1952
BUREAU W. SS.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08498

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick
LENGTH OF STAY (in this place): 7 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick
STREET ADDRESS (If rural, give location): 126 East Fourth Street

3. NAME OF DECEASED (Type or Print): (First) WILLARD (Middle) D. VED (Last) GAITHER
4. DATE OF DEATH: (Month) 8 (Day) 1 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 24 Oct 1902
9. AGE last birthday: 49 yrs | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Building Construction
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: William D. Gaither
14. MOTHER'S MAIDEN NAME: Alice Bullis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 579-07-4106
17. INFORMANT AND ADDRESS: Mrs. Helen E. Gaither, ~~126 E. 4th St.,~~ Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Haemorrhage — Interval between onset and death: 6 mo.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Malignant Hypertension
(c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Gastric Ulcer

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No
PLACE (Home, farm, factory, street, office bldg., etc.): No
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): No m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 4, 1952, to Aug. 1, 1952, that I last saw the deceased alive on Aug 1, 1952 and that death occurred at 10:55 P m, from the causes and on the date stated above.

SIGNATURE (Degree or title): C. A. Pearre, M. D.
ADDRESS: Frederick, Maryland
DATE SIGNED: 2 Aug 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 5 Aug 1952
NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery
LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REG.: 4 August 1952
REGISTRAR'S SIGNATURE: Elizabeth S. Tech
24. FUNERAL DIRECTOR: M. R. Etchison & Son
ADDRESS: Frederick, Maryland

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BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A13

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 13

1. PLACE OF DEATH
COUNTY: Frederick — MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Point of Rocks
LENGTH OF STAY (In this place): 9 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Point of Rocks
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) CIARA (Middle) BELLE (Last) GIBBS

4. DATE OF DEATH: (Month) August (Day) 7 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify): Married

8. DATE OF BIRTH: April 2, 1886

9. AGE Last birthday: 66 yrs — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John C. Price

14. MOTHER'S MAIDEN NAME: May Johnson

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mr. Walter N. Gibbs, R.1, Adamstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia Coma — Interval Between Onset and Death: 18 Mo

174X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 10, 1951, to Aug. 7, 1952 that I last saw the deceased alive on Aug 4, 1952 and that death occurred at 10:15 A.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) ADDRESS: [illegible] DATE SIGNED

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify): Burial | DATE THEREOF: Aug. 10, 1952 | NAME OF CEMETERY OR CREMATORY: St. Paul's Cemetery | LOCATION (City, town, or county) (State): Point of Rocks, Maryland

DATE REC'D BY LOCAL REG.: 8 August 1952 | REGISTRAR'S SIGNATURE: Elizabeth S. Heck.

24. FUNERAL DIRECTOR: C. E. Cline & Son, Frederick, Maryland — ADDRESS

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 140

1. PLACE OF DEATH COUNTY: Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Woodsboro
LENGTH OF STAY (In this place): 2 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: D.C. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1803 Biltmore St N.W.

3. NAME OF DECEASED (Type or Print): (First) RAY[redacted] (Middle) CLETUS GORMAN
4. DATE OF DEATH (Month) AUG (Day) 2 (Year) 1952
5. SEX: M
6. COLOR OR RACE: W
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH:
9. AGE last birthday: 63 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Inspector N.S. Building Adm.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Monroe, Wisconsin
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Richard Gorman
14. MOTHER'S MAIDEN NAME: Naomi Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs Lucile Gorman 1803 Biltmore St Washington D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	3 HRS.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Angina pectoris	6 Mos.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection ☑ Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Charles H Conley Jr M.D. (Degree or title) Dep Med Exam
ADDRESS: Frederick, Maryland
DATE SIGNED: 8/2/52

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE THEREOF: Aug 3-52
NAME OF CEMETERY OR CREMATORY:
LOCATION (City, town, or county): Washington (State) D.C.
DATE REC'D BY LOCAL REG: Aug 3, 1952
REGISTRAR'S SIGNATURE: L C Powell
24. FUNERAL DIRECTOR: M.L. Creager Son
ADDRESS: Thurmont Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS A15A

AUG 8 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Frederick
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Myersville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Frankie (Middle) Lee (Last) Grossnickle

4. DATE OF DEATH: (Month) 8 (Day) 2 (Year) 1952

5. SEX: male **6. COLOR OR RACE:** white **7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** S **8. DATE OF BIRTH:** 7-13-1952 **9. AGE last birthday:** 0 yrs. IF UNDER 1 YEAR Months 0 Days 19 IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant **10b. KIND OF BUSINESS OR INDUSTRY:**

11. BIRTHPLACE (State or foreign country): Maryland **12. CITIZEN OF WHAT COUNTRY?** U. S.

13. FATHER'S NAME: Eldin S. Grossnickle

14. MOTHER'S MAIDEN NAME: Dona Long

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Eldin Grossnickle Myersville, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Intestinal Obstruction — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) DUE TO Congenital — (c)

INTERVAL BETWEEN ONSET AND DEATH: 18 days

756.2

II OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION: July 15-52 **19b. MAJOR FINDINGS OF OPERATION:** Intestional Obstruction **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 13, 1952, to Aug. 2, 1952, that I last saw the deceased alive on Aug. 1, 1952, and that death occurred at 3:30 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) J. E. Harp MD ADDRESS Middletown DATE SIGNED 8-2-52

23. BURIAL, CREMATION ■MOVAL (Specify): Burial — DATE THEREOF 8/3/52 — NAME OF CEMETERY OR CREMATORY Grossnickle Cemetery — LOCATION (City, town, or county) (State) Frederick Co., Md.

DATE REC'D BY LOCAL REG. Aug 2 1952 — REGISTRAR'S SIGNATURE Elizabeth S. Hacker — **24. FUNERAL DIRECTOR** Gladhill Co. — ADDRESS Middletown, Md.

VS. A... 8-51

11-22-24-1.8

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BUREAU V. S

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Frederick MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Walkersville
LENGTH OF STAY (in this place) 15 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Walkersville
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) ADA (Middle) Moore (Last) Hahn

4. DATE OF DEATH (Month) Aug (Day) 17 (Year) 1952

5. SEX F | 6. COLOR OR RACE W | 7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) married | 8. DATE OF BIRTH Aug. 4 1888 | 9. AGE last birthday 64 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Joseph Fox
14. MOTHER'S MAIDEN NAME Debbie Delaplaine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Mr. Glen Hahn, Walkersville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis & myocardial infarction — 12 hours
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardiovascular disease — 15 years
(c)

4/20.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 August, 19 52, to 16 Aug., 19 52, that I last saw the deceased alive on 16 Aug., 19 52, and that death occurred at 6:-0 A.m., from the causes and on the date stated above.

SIGNATURE and my C. Hahn Jr. (Degree or title) M.D. ADDRESS Walkersville, Md. DATE SIGNED 19 Aug 1952

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 8/20/52 | NAME OF CEMETERY ~~OR CREMATORY~~ Mt Hope | LOCATION (City, town, or county) Woodsboro, (State) Md

DATE REC'D BY LOCAL REG. 8 August 52 | REGISTRAR'S SIGNATURE Elizabeth G. Hoch. | 24. FUNERAL DIRECTOR T. C. Barton, Walkersville, ADDRESS Md.

RECEIVED
AUG
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 141

1. PLACE OF DEATH — COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RFD 1 Knoxville — LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RFD 1 Knoxville
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) J (Last) Hawes
4. DATE OF DEATH (Month) 8 (Day) 29 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 5-31-83
9. AGE last birthday: 69 yrs. — If under 1 year: Months 2 Days 28 — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: John H Thomas
14. MOTHER'S MAIDEN NAME: Martha Barger
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT AND ADDRESS: Clyde Hawes Brunettsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — Immed

4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arterio-sclerosis — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Epilepsy — ? years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE: Charles H Conley Jr M.D. (Degree or title) Deg Med Exam — ADDRESS: Frederick Md. — DATE SIGNED: 8/29/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 9/1/52 — NAME OF CEMETERY OR CREMATORY: Reformed — LOCATION (City, town, or county): Knoxville (State): Md

DATE REC'D BY LOCAL REG: August 30-52 — REGISTRAR'S SIGNATURE: Kathryn H. Brown — 24. FUNERAL DIRECTOR: C H Heats & Son — ADDRESS: Brunswick Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15A

SEP 3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08504

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN State Sanatorium
LENGTH OF STAY (in this place) Since 6/29/52
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
STREET ADDRESS (If rural, give location) Rt. 1, Box 213 ✓

3. NAME OF DECEASED (Type or Print) (First) Anne (Middle) B. (Last) Heeter
4. DATE OF DEATH (Month) August (Day) 9 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH March 14, 1908
9. AGE last birthday 44 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Harvey Yoder
14. MOTHER'S MAIDEN NAME Laura Miller
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: About 11 Yrs

002X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/29, 1952, to 8/9, 1952, that I last saw the deceased alive on 8/9, 1952, and that death occurred at 12:45 A m., from the causes and on the date stated above.

SIGNATURE I. B. Lyon, M.D. (Degree or title) ADDRESS State Sanatorium, Md. DATE SIGNED 8/11/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 8-12-52 NAME OF CEMETERY OR CREMATORY Rice Cem. LOCATION (City, town, or county) (State) Naponell, Md.

DATE REC'D BY LOCAL REG. 8/11/52 REGISTRAR'S SIGNATURE I B Lyon
24. FUNERAL DIRECTOR B. Gaschig & Son ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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T

RECEIVED
AUG 13 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick

LENGTH OF STAY (in this place) 1 day

HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY County

~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taneytown

STREET ADDRESS (If rural, give location) E.Balto ✓

3. NAME OF DECEASED (Type or Print) (First) John (Middle) M (Last) Hoagland

4. DATE OF DEATH (Month) Aug. (Day) 15 (Year) 1952

5. SEX M

6. COLOR OR RACE W

7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~ (Specify) Married

8. DATE OF BIRTH July 13, 1886

9. AGE last birthday 66 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10b. KIND OF BUSINESS OR INDUSTRY Electrical Supervisor

11. BIRTHPLACE (State or foreign country) N.J.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Jacob W. Hoagland

14. MOTHER'S MAIDEN NAME Anna M. Stout

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 063055301

17. INFORMANT AND ADDRESS Vallie E.Hoagland Taneytown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	3 days
42 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio Sclerosis	5 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 13th, 1952, to Aug. 15th 1952, that I last saw the deceased alive on Aug 15th, 1952, and that death occurred at 6 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. M Benner Md. ADDRESS Taneytown Carroll County Md. DATE SIGNED Aug 16th 1952

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial

DATE THEREOF Aug. 19, '52.

NAME OF CEMETERY OR CREMATORY Lutheran

LOCATION (City, town, or county) Taneytown (State) Md.

DATE REC'D BY LOCAL REG. August 18, 1952

REGISTRAR'S SIGNATURE Elizabeth G. Heck

24. FUNERAL DIRECTOR C.O.FUSS & SON ADDRESS Taneytown, Md.

MARGIN RESERVED FOR B[illegible]ING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct [illegible] is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

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RECEIVED
AUG 20 19..
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN State Sanatorium
LENGTH OF STAY (In this place) Since 5/14/51
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 614 W. Washington St. ✓

3. NAME OF DECEASED (Type or Print) (First) Alonza (Middle) (Last) Hoffman
4. DATE OF DEATH (Month) August (Day) 1 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH Feb. 14, 1884
9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laundry Worker
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Smith Island, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John H. Hoffman
14. MOTHER'S MAIDEN NAME Alice Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 218-12-1566
17. INFORMANT AND ADDRESS Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis

002X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH 2 Yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 14, 1951, to Aug. 1, 1952, that I last saw the deceased alive on Aug. 1, 1952, and that death occurred at 3:10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] ADDRESS State Sanatorium, Md. DATE SIGNED 8/2/52

23. BURIAL, CREMATION REMOVAL (Specify) [illegible]
DATE THEREOF 8 6 52
NAME OF CEMETERY OR CREMATORY Crisfield Cem.
LOCATION (City, town, or county) (State) Crisfield Som. Co., Md.

DATE REC'D BY LOCAL REG. 8/2/52
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR M. L. Creagh, Sen.
ADDRESS

—MARDIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A1

RECEIVED
AUG 4 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 140

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
LENGTH OF STAY (In this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): MARCELLA BLANCHE HOFFMAN

4. DATE OF DEATH (Month) (Day) (Year): Aug. 21 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Oct 4-1878
9. AGE last birthday: 7 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Daniel Stang
14. MOTHER'S MAIDEN NAME: Margaret Hambaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: C. J. Hoffman, Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma - Liver

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1952, to Aug 21, 1952, that I last saw the deceased alive on Aug 20, 1952, and that death occurred at 1:00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) T. H. Egg M.D. ADDRESS Union Bridge, Carroll DATE SIGNED M.D.

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 8/23/52 NAME OF CEMETERY OR CREMATORY Hughes Cem. LOCATION (City, town, or county) Frederick, Md. (State)

DATE REC'D BY LOCAL REG. 8/22/52 REGISTRAR'S SIGNATURE L. C. Rowell

24. FUNERAL DIRECTOR Rowell & Hartzell ADDRESS Woodsboro & Mt. Pleasant, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A-1

RECEIVED
AUG 27 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9 West Third Street

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural, give location) 9 West Third Street

3. NAME OF DECEASED (Type or Print) (First) Margaret (Middle) Elizabeth (Last) Houck
4. DATE OF DEATH (Month) August (Day) 31 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED,~~ (Specify) Single
8. DATE OF BIRTH 17 July 1 [illegible]9
9. AGE last birthday 83 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired, At Home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Ezra Houck
14. MOTHER'S MAIDEN NAME Margaret Rachel Worman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown, (If yes, give war or dates of service)
16. SOCIAL SECURITY NO None
17. INFORMANT AND ADDRESS Miss Eleanor W. Houck, 9 W. 3rd St., Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Cerebral Thrombosis	8 1/2 mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Cerebral Arteriosclerosis	6 years.
	(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from September 1951, to August 31, 1952, that I last saw the deceased alive on August 31, 1952, and that death occurred at 8 P m., from the causes and on the date stated above.

SIGNATURE J. R. Schoolman (Degree or title) M.D. ADDRESS 228 N Market St Frederick DATE SIGNED Sept 1, 1952

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify)
DATE THEREOF 2 Sept 1952
NAME OF CEMETERY OR ~~CREMATORY~~ Mount Olivet Cemetery
LOCATION (City, town, or county) Frederick, Maryland (State)

DATE REC'D BY LOCAL REG. 2 September 1952
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

SEP 4 1952
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

1. PLACE OF DEATH
COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jefferson
LENGTH OF STAY (in this place) MARYLAND years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jefferson
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HENRY	AUGUSTUS	KEFAUVER	August	2	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	9 Jan 1887	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farm Machinery	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert A. Kefauver	Alto Kepler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	214-14-6914	Mrs. Agnes T. Kefauver, Jefferson, Md.

18. MEDICAL CERTIFICATION

18. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Myocardial infarction	Immed.
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	arterio-sclerotic heart disease	6-8 yrs (?)
(c)		

Other significant conditions: Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22 *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Charles H. Conley Jr. M.D. Physician	Frederick Maryland	8/2/52.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5 Aug 1952	Mount Olivet Cemetery	Frederick, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4 August 1952	Elizabeth S. Koch.	H. R. Etchison & Son,	Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-15A

RECEIVED
AUG 5 1952
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

1. PLACE OF DEATH — COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick — LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 520 Military Road

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick
STREET ADDRESS (If rural, give location): 22 East Third Street

3. NAME OF DECEASED (Type or Print): (First) Lloyd (Middle) Frederick (Last) Kimmel
4. DATE OF DEATH: (Month) August (Day) 23, (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE~~ MARRIED, WIDOWED, ~~DIVORCED~~ (Specify): Widowed
8. DATE OF BIRTH: Jan. 19, 1877
9. AGE last birthday: 75 yrs. — If under 1 year: Months, Days — If under 24 hrs: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic House Cleaning
10b. KIND OF BUSINESS OR INDUSTRY: House Work
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John E. Kimmel
14. MOTHER'S MAIDEN NAME: Emma Whipp
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Frederick, Md. — John H. Kimmel, 520 Military Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Accidental drowning — Immed.

124.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Coronary artery disease — ? years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Home — (CITY OR TOWN) Frederick — (COUNTY) Fred. — (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): Aug. 23, 1952 8:15 a.m. — INJURY OCCURRED While at work ☐ Not while at work ☑ — HOW DID INJURY OCCUR? Fell in bath-tub

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE: Charles H. Conley Jr. — (Degree or Title) Md. — ADDRESS: Exam Frederick, Md — DATE SIGNED: 8/23/52

23. BURIAL ~~CREMATION~~ REMOVAL (Specify): Burial — DATE THEREOF: Aug. 25, 1952 — NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery — LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REG.: 25 Aug 1952 — REGISTRAR'S SIGNATURE: Elizabeth G. Hack — 24. FUNERAL DIRECTOR: R. Etchison & Son — ADDRESS: Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AUG 26
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH — COUNTY: Frederick — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick
   LENGTH OF STAY (in this place): Lifetime
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: 117 East Seventh Street

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Frederick
   CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick
   STREET ADDRESS (If rural, give location): 117 East Seventh Street

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) (Last) KLINE
4. DATE OF DEATH: (Month) August (Day) 22 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED~~ WIDOWED, ~~DIVORCED~~ (Specify): Widowed
8. DATE OF BIRTH: May 13, 1866
9. AGE last birthday: 86 yrs — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Bottling Works
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Dr. Ephriam H. Kline
14. MOTHER'S MAIDEN NAME: Margaret Mohler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-14-6569A
17. INFORMANT AND ADDRESS: Mr. Austin M. Kline, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic myocarditis — 2 yrs.

422.2

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertrophied prostate — 5 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1947, to Aug., 1952, that I last saw the deceased alive on Aug 22, 1952, and that death occurred at 1:40 P m., from the causes and on the date stated above.

SIGNATURE: H. Kline M. D. (Degree or title) ADDRESS: Frederick Md. DATE SIGNED: Aug 22 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Aug. 25, 1952
NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery
LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REG.: 25 Aug 1952
REGISTRAR'S SIGNATURE: Elizabeth G. Heck
24. FUNERAL DIRECTOR — ADDRESS: C. E. Cline & Son, Frederick, Maryland

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age specially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

AUG 26 1952
BUREAU V. S.

Item 8 FilmG145 8/12/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) Frederick
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Mem. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Mt. Airy, Md. Rural
STREET ADDRESS (If rural, give location) Unionville

3. NAME OF DECEASED: (Type or Print) (First) Ruben (Middle) H. (Last) Roontz
4. DATE OF DEATH: (Month) 8 (Day) 2 (Year) 1952

5. SEX: M
6. COLOR OR RACE: W
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Married
8. DATE OF BIRTH: MAY ~~15~~, 18~~99~~ 89
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY: Farmer (owner)
11. BIRTHPLACE (State or foreign country): Md, USA
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harry E. Roontz
14. MOTHER'S MAIDEN NAME: Carrie Alexander

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unk.) no unknown (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 218-32-0284
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.C

Immediate cause (a) Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 week

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerotic Heart Disease

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) No M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 26, 1952, to Aug 2, 1952, that I last saw the deceased alive on Aug 2, 1952, and that death occurred at 6 P.M., from the causes and on the date stated above.

SIGNATURE A. A. Pearre, M.D. (DEGREE OR TITLE) ADDRESS Frederick Md. DATE SIGNED 8/2/52

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify): BURIAL
DATE THEREOF 8-5-1952
NAME OF CEMETERY OR CREMATORY Linganore
LOCATION (City, town, or county) (State) Frederick Co., Md.

DATE REC'D BY LOCAL REG. 4 Aug 1952
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR C. M. Waltz, Winfield, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
AUG 6 1952
BUREAU V. S.

Item 21 Film G 146.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick
LENGTH OF STAY (in this place): [illegible] days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Frederick Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Thurmont
STREET ADDRESS (If rural, give location): West Main

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Frances A [illegible]
4. DATE OF DEATH (Month) (Day) (Year): Aug 1 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Apr. 9, 1868
9. AGE last birthday: 84 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Teacher
10b. KIND OF BUSINESS OR INDUSTRY: Elementary Schools
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Landers
14. MOTHER'S MAIDEN NAME: Harriett Bosman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no
17. INFORMANT AND ADDRESS: Mrs Mary Roger Thurmont Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) pulmonary congestion	2 days
904.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fracture of left hip +	2 days
	(c) Cerebral Hemorrhage	1 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): [illegible]
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE): Thurmont, Frederick M
TIME OF INJURY (Month) (Day) (Year) (Hour): Aug. 4, 1952 m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? RTS 8-21-52

22. I hereby certify that I attended the deceased from Aug 4, 1952, to Aug 11, 1952, that I last saw the deceased alive on Aug 10, 1952, and that death occurred at 4 A.M. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): B. O. [illegible] ADDRESS: Mt Rock, Md DATE SIGNED: Aug. 11-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Aug 3 1952
NAME OF CEMETERY OR CREMATORY: U.B. Cemetery
LOCATION (City, town, or county) (State): Thurmont, Md.

DATE REC'D BY LOCAL REG.: 13 August 1952
REGISTRAR'S SIGNATURE: Elizabeth G. Heck
24. FUNERAL DIRECTOR: [illegible] Frazer & Son ADDRESS: Thurmont, Md.

AUG
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) 11 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 319 West South Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural, give location) 319 West South Street

3. NAME OF DECEASED (Type or Print) (First) MARGARET (Middle) FLORENCE (Last) LYLE

4. DATE OF DEATH (Month) August (Day) 4 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~ (Specify) Widowed
8. DATE OF BIRTH January 1, 1856
9. AGE last birthday 96 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) West Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Kensel
14. MOTHER'S MAIDEN NAME Mary Turner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mrs. Addison I. Hoffman, Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Asclerosis	1 day
4 (2) 1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio Sclerosis	20 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-1, 1952, to 8-4, 1952, that I last saw the deceased alive on 8-4, 1952, and that death occurred at 3:00 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Dr. W. G. Bourne Jr. ADDRESS Frederick Md. DATE SIGNED

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial
DATE THEREOF Aug. 7, 1952
NAME OF CEMETERY OR CREMATORY St. Joseph's Cemetery
LOCATION (City, town, or county) (State) Martinsburg, West Virginia

DATE REC'D BY LOCAL REG. 4 August 1952
REGISTRAR'S SIGNATURE Elizabeth G. Hack
24. FUNERAL DIRECTOR ADDRESS C. E. Cline & Son, Frederick, Maryland

M

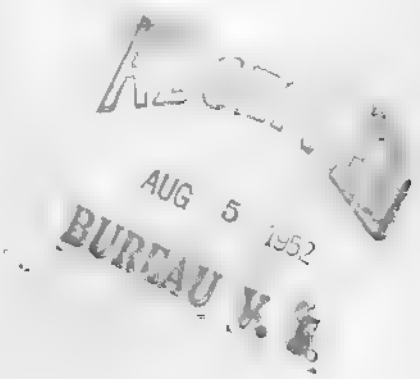
1

T

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.


AUG 5 1952
BUREAU V. E.

Beulah Marshall

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1-34

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A13

1. PLACE OF DEATH: COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Emmitsburg; LENGTH OF STAY (in this place) 25 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Emmitsburg; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Beulah (Middle) Harriette (Last) Marshall

4. DATE OF DEATH: (Month) Aug (Day) 10 (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 10-7-1894

9. AGE last birthday: 57 yrs. If under 1 year: Months; If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Howard Wetzel

14. MOTHER'S MAIDEN NAME: Harriette Little

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT: Mrs Helen Eyler Thurmont Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval between onset and death: few minutes

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardiovascular disease — 10 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan ..., 1935, to Aug 10, 1952, that I last saw the deceased alive on July 4, 1952, and that death occurred at 5 A m., from the causes and on the date stated above.

SIGNATURE W. A. Codell (Degree or title) md ADDRESS Emmitsburg DATE SIGNED 8-10-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Aug 13-52 | NAME OF CEMETERY OR CREMATORY: St Anthony Cem | LOCATION (City, town, or county): Emmitsburg | (State): Fred Co Md

DATE REC'D BY LOCAL REG.: Aug 11-1952 | REGISTRAR'S SIGNATURE: M. F. Shuff | 24. FUNERAL DIRECTOR: M. L. Creager | ADDRESS: Thurmont Md

RECEIVED
AUG 1 -
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08516

CERTIFICATE OF DEATH

Reg. Dist. No. 13

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick
LENGTH OF STAY (In this place): Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Clifton
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) ELLEN VIRGINIA (Last) MERCER

4. DATE OF DEATH: (Month) August (Day) 21 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~ (Specify): Widowed

8. DATE OF BIRTH: July 22, 1864

9. AGE Last birthday: 88 yrs. — If under 1 year: Months / Days / If under 24 hrs.: Hours / Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Stone

14. MOTHER'S MAIDEN NAME: Lydia Getzendanner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. William S. Stine, Clifton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible]

(c)

INTERVAL BETWEEN ONSET AND DEATH: 2 mos

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 2, 1952, to Aug 21, 1952, that I last saw the deceased alive on Aug 21, 1952, and that death occurred at 11:15 A.m., from the causes and on the date stated above.

SIGNATURE: [illegible] (Degree or title) ADDRESS: Frederick, Md. DATE SIGNED: Aug 22

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Aug. 23, 1952 — NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery — LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REG.: 23 Aug 1952 — REGISTRAR'S SIGNATURE: Elizabeth G. Heck.

24. FUNERAL DIRECTOR — ADDRESS: C. E. Cline & Son, Frederick, Maryland

VS. 415

RECEIVED
AUG 26 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
LENGTH OF STAY (in this place) 34 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattstown
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print) (First) Edward (Middle) Cecil (Last) Miles
4. DATE OF DEATH (Month) Aug. (Day) 23 (Year) 1952
5. SEX M
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Apr 29-1918
9. AGE last birthday 34 yrs. If under 1 year: Months | Days; If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmers Helper
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Edward H Miles
14. MOTHER'S MAIDEN NAME Marian A Cecil
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 220-01-5523
17. INFORMANT AND ADDRESS Edward Miles, Hyattstown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fractured Skull — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs.

900.5

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office, bldg. etc.) Street
(CITY OR TOWN) Point of Rocks (COUNTY) Fred- (STATE) Md.
TIME OF INJURY (Month) 8/22/52 (Day) (Year) 9 P m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Deceased fell down Concrete Stairs

22. *I certify that I took charge of the remains described above, held an Autopsy Inspection ✓, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☑ suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE Charles H Conley Jr. (Degree or title) Md. Deg Med Exam ADDRESS Frederick, Md DATE SIGNED 8/23/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug 25-1952
NAME OF CEMETERY OR CREMATORY Methodist Cem.
LOCATION (City, town, or county) Hyattstown (State) Md

DATE REC'D BY LOCAL REG. 23 Aug 1952
REGISTRAR'S SIGNATURE Elizabeth G. Herb
24. FUNERAL DIRECTOR William B Hilton ADDRESS Barnesville, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A16A

AUG 26 19
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]18

CERTIFICATE OF DEATH

Reg. Dist. No. 13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Frederick
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Frederick
MARYLAND
LENGTH OF STAY (in this place) 7-31-52-8-8-52
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Frederick
STREET ADDRESS (If rural give location) 110 W. Patrick St.

3. NAME OF DECEASED (Type or Print) MARTHA (First) C. (Middle) Ramsburg (Last)

4. DATE OF DEATH: (Month) August (Day) 8 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: 9-30-1890

9. AGE last birthday (IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS Hours Min): 61 yrs.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: James Ely

14. MOTHER'S MAIDEN NAME: Martha Myers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 214-28-5486

17. INFORMANT & ADDRESS: Camden J. Ramsburg - Frederick - Md. - 110 W. Patrick St.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO Pulmonary Atelectasis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Myocarditis,

(c)

Interval Between Onset And Death: Sudden

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION: 8-2-52

19b. MAJOR FINDINGS OF OPERATION: Acute appendicitis

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1952 to Aug 8, 1952, that I last saw the deceased alive on Aug 8, 1952 and that death occurred at 9.30 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) E. P. Flowers

ADDRESS Frederick Md

DATE SIGNED Aug 8 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 8-11-1952

NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery

LOCATION (City, town, or county) (State): Frederick - Md.

DATE RECD BY LOCAL REGISTRAR: 11 August 1952

REGISTRAR'S SIGNATURE: Elizabeth G. Keck.

24. FUNERAL DIRECTOR: C. E. Cline & Son

ADDRESS: Frederick - Md.

VS. A15

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AUG 15
BUREAU V. S.

MARTHA

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]nswick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS West 131 Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY Allegheny
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pittsburgh
STREET ADDRESS (If rural, give location) 337 Amshell Ave.

3. NAME OF DECEASED (Type or Print): (First) Pearl (Middle) A (Last) Robinson
4. DATE OF DEATH: (Month) Aug. (Day) 12 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): [illegible]
8. DATE OF BIRTH: [illegible] - 9 - 52
9. AGE last birthday: 60 yrs. If under 1 year: Months [illegible] Days [illegible] If under 24 hrs.: Hours [illegible] Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible]
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John A. Anderson
14. MOTHER'S MAIDEN NAME: Malinda Black
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: 337 Amshell Ave. Charles F. Robinson Pittsburg, Pa.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) coronary thrombosis, acute — Interval Between Onset and Death: immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) carcinoma breast, left c metastasis — 4 years

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 12, 1952 to ....., 19....., that I last saw the deceased alive on Aug 12, 1952, and that death occurred at 6:30 A. m., from the causes and on the date stated above.

SIGNATURE: William W. Orrison (Degree or title) MD
ADDRESS: Brunswick Md
DATE SIGNED: Aug 12/1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 8-12-52
NAME OF CEMETERY OR CREMATORY: Oak Park Cemetery
LOCATION (City, town, or county) (State): New Castle Pennsylvania

DATE REC'D BY LOCAL REG.: Aug. 12-52
REGISTRAR'S SIGNATURE: Kathryn K. Bros
24. FUNERAL DIRECTOR: G. H. Feats & Bro. Brunswick, Maryland
ADDRESS

18 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08520

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN State Sanatorium
LENGTH OF STAY (in this place) Since 5/28/51
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) Rt. 5 ✓

3. NAME OF DECEASED (Type or Print): (First) Clara (Middle) (Last) Sharpe
4. DATE OF DEATH: (Month) August (Day) 11 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Jan. 4, 1903
9. AGE last birthday: 49 yrs. — If under 1 year: Months, Days; If under 24 hrs.: Hours, Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Martinsburg, W. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: R. Lloyd Blondel
14. MOTHER'S MAIDEN NAME: Cora Roth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — 4 Yrs.

002X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/28 , 1951, to 8/11 , 1952, that I last saw the deceased alive on 8/11 , 1952 and that death occurred at 7:50 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. B. Lyon, M.D. — ADDRESS State Sanatorium, Md. — DATE SIGNED 8/11/52

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE 8-13-52 — NAME OF CEMETERY OR CREMATORY Rest Haven Cem. — LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REG. 8/11/52 — REGISTRAR'S SIGNATURE J. B. Lyon — 24. FUNERAL DIRECTOR S. F. Reinecke & Son. — ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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AUG 13 1952
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Walkersville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Walkersville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) SHIRLEY (Middle) A (Last) SNURR
4. DATE OF DEATH: (Month) AUG (Day) 23 (Year) 1952
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, Specify: SINGLE
8. DATE OF BIRTH: 6-17-1938
9. AGE last birthday: 14 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Guy Lee Snurr
14. MOTHER'S MAIDEN NAME: Pauline Haupt
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): —
16. SOCIAL SECURITY No.: —
17. INFORMANT AND ADDRESS: Guy L. Snurr, Walkersville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

976X Immediate cause (a) Hemothorax due to gunshot wound of Chest — 10 min.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING CAUSE OF DEATH
PLACE OF INJURY: Home, farm, factory, street, office bldg., etc. Own home
(CITY OR TOWN) RFD #1 WALKERSVILLE, (COUNTY) FRED., (STATE) Md.
TIME OF INJURY: (Month) 8/23/52 (Day) (Year) 11 00 A m (Hour)
INJURY OCCURRED: While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Self inflicted gunshot wound

22. I certify that I took charge of the remains described above, held an Autopsy ☑ Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐

SIGNATURE: Charles H Conley Jr. M.D. (Degree or title) Dep. Med. Exam. ADDRESS: Frederick, Md. DATE SIGNED: 8/25/52

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial
DATE THEREOF: 8/26/1952
NAME OF CEMETERY OR CREMATORY: Lutheran Cemetery
LOCATION (City, town, or county): Middletown (State) Md.
DATE REC'D BY LOCAL REG.: Aug 26 1952
REGISTRAR'S SIGNATURE: Elizabeth G. Hack
24. FUNERAL DIRECTOR: Gladhill Co. ADDRESS: Middletown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15A

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BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH: COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Thurmont — LENGTH OF STAY (in this place) 50 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Thurmont
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) BERNARD (Middle) HAMPDEN (Last) SPALDING

4. DATE OF DEATH: (Month) Aug. (Day) 3 (Year) 1952

5. SEX [illegible] | 6. COLOR OR RACE [illegible] | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible] | 8. DATE OF BIRTH [illegible] | 9. AGE last birthday [illegible] yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible] | 10b. KIND OF BUSINESS OR INDUSTRY [illegible] | 11. BIRTHPLACE (State or foreign country) [illegible] | 12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME [illegible] | 14. MOTHER'S MAIDEN NAME [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | 16. SOCIAL SECURITY No. no | 17. INFORMANT AND ADDRESS [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

42.2 Immediate cause (a) Heart disease, Myofibrosis Chronic

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) None

(c)

INTERVAL BETWEEN ONSET AND DEATH: 2 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) no | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1950, to Aug 21, 1952, that I last saw the deceased alive on Aug 21, 1952, and that death occurred at 4:30 m., from the causes and on the date stated above.

SIGNATURE: [illegible] Gray (Degree or title) M.D. ADDRESS: Thurmont Md. DATE SIGNED: Aug 22-52

23. BURIAL, CREMATION REMOVAL (Specify) [illegible] | DATE THEREOF [illegible] | NAME OF CEMETERY OR CREMATORY [illegible] | LOCATION (City, town, or county) (State) [illegible]

DATE REC'D BY LOCAL REG. Aug 23 1952 | REGISTRAR'S SIGNATURE Blanche J. Eyler | 24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

AUG 27
BUREAU V. I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A1

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick — LENGTH OF STAY (in this place) 2 wks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Thurmont
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Wm. Clyde (Middle) Norman (Last) Speak
4. DATE OF DEATH: (Month) Aug. (Day) 9 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 3-1894
9. AGE last birthday: 58 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Contractor
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John T. Speak
14. MOTHER'S MAIDEN NAME: Inna M. Stull
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 217-18-7333
17. INFORMANT AND ADDRESS: Mrs Franklin Sweeney Thurmont

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.

Immediate cause (a) Carcinoma of Lung with

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Metastases to Brain.

(c)

INTERVAL BETWEEN ONSET AND DEATH: 3 mo.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): No m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1952, to Aug. 9, 1952, that I last saw the deceased alive on Aug 9, 1952, and that death occurred at 9 30P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. A. Deare M.D. ADDRESS Frederick Md DATE SIGNED 8/9/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Aug 12-1952
NAME OF CEMETERY OR CREMATORY: Blue Ridge Cem
LOCATION (City, town, or county) (State): Thurmont Frederick Co. Md

DATE REC'D BY LOCAL REG.: 11 August 1952
REGISTRAR'S SIGNATURE: Elizabeth L. Hoke
24. FUNERAL DIRECTOR: M. F. Creager
ADDRESS: Sam Thurmont Md

AUG
BUREAU N. S.

08524

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH
COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick
LENGTH OF STAY (in this place): Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 607 North Market Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick
STREET ADDRESS (If rural, give location): 607 North Market Street

3. NAME OF DECEASED (Type or Print) (First) ALICE (Middle) M. (Last) SPESSARD

4. DATE OF DEATH (Month) August (Day) 14 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED~~ WIDOWED, ~~DIVORCED~~, (Specify) Widowed
8. DATE OF BIRTH: Dec. 17, 1865
9. AGE last birthday: 86 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Amos Wellen
14. MOTHER'S MAIDEN NAME: Mary Alice Hemmell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs. Ernest May, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH: 6 mo. +

15 IX Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 10, 1952, to Aug 14, 1952, that I last saw the deceased alive on Aug 14, 1952, and that death occurred at 8:20 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): R. O. Thomas M.D. — ADDRESS: Frederick, Md. — DATE SIGNED: Aug 15-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Aug. 16, 1952
NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery
LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REG: 15 August 1952
REGISTRAR'S SIGNATURE: Elizabeth S. Heck
24. FUNERAL DIRECTOR — ADDRESS: C. E. Cline & Son, Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

AUG 18 1932
BUREAU V. S.

08525

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 8-51

1. PLACE OF DEATH:

COUNTY: Frederick — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick

LENGTH OF STAY (in this place): 1 day

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland COUNTY: Frederick

CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Brunswick

STREET ADDRESS (If rural, give location): 305 East Potomac Street

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Edward (Last) Stream

4. DATE OF DEATH: (Month) Aug (Day) 15 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 4 Sept 41

9. AGE last birthday: 10 yrs

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): W. Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wilbur Stream

14. MOTHER'S MAIDEN NAME: Lillian Frye

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Wilbur E. Strear, 305 East Potomac Street, Brunswick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

204.0

Immediate cause (a): Leukemia, lymphatic — DUE TO

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY — M. — INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1952, to 15 Aug, 1952, that I last saw the deceased alive on 15 Aug, 1952, and that death occurred at 7:50 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) R. L. Guest MD — ADDRESS 7 E. Church Frederick — DATE SIGNED 15 Aug 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: August 18, 1952 — NAME OF CEMETERY OR CREMATORY: Union Cemetery — LOCATION (City, town, or county): Lovettsville, Virginia (State)

DATE REC'D BY LOCAL REG: 18 August 1952

REGISTRAR'S SIGNATURE: Elizabeth S. Heck.

24. FUNERAL DIRECTOR — ADDRESS: M.R. Etchison & Son, Frederick, Maryland

RECEIVED
AUG 19 1952
BUREAU V. S.

21.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 138

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New London
   LENGTH OF STAY (In this place) Life
   HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New London
   STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) THOMAS (Middle) O. (Last) STULTZ

4. DATE OF DEATH: (Month) Aug. (Day) 29, (Year) 19 52

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: 6-5-1876

9. AGE last birthday: 76 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Day laborer

10b. KIND OF BUSINESS OR INDUSTRY: Misc.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Not known

14. MOTHER'S MAIDEN NAME: Not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) Spanish-Amer.

16. SOCIAL SECURITY NO.: 213-16-1813

17. INFORMANT AND ADDRESS: Mrs. Minnie Roach, New London, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chr. Cardiac decompensation — Interval Between Onset and Death: 8 mo

Antecedent cause(s) 422.1
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Chr. Myocarditis — ? yrs
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 10 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 6, 19 52, to Aug. 28, 19 52, that I last saw the deceased alive on Aug. 28, 19 52, and that death occurred at 4 A m., from the causes and on the date stated above.

SIGNATURE J. Stanley Grabill (Degree or title) M.D. ADDRESS Mt Airy - Md DATE SIGNED 8/29/52

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE: 8-31-1952 — NAME OF CEMETERY: Central — LOCATION (City, town, or county) (State): Frederick Co., Md.

DATE REC'D BY LOCAL REG. Aug 30-52 — REGISTRAR'S SIGNATURE Lucas K. Falcon

24. FUNERAL DIRECTOR: C. M. Waltz, Winfield, Md. ADDRESS

RECEIVED
SEP 5
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick Rural
LENGTH OF STAY (in this place) 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middletown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Girl (Last) Thomas

4. DATE OF DEATH: (Month) 8 (Day) 10 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): —
8. DATE OF BIRTH: 8-3-1952
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days 7 IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: E. Dale Thomas
14. MOTHER'S MAIDEN NAME: Margie Stevens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Mrs. E. Dale Thomas, Middletown, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pre Maturity
DUE TO

Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: —
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 3, 1952 to Aug 10, 1952, that I last saw the deceased alive on Aug 8, 1952, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

SIGNATURE J. E. Harp Mrs (DEGREE OR TITLE) ADDRESS Middletown DATE SIGNED 8-11-52

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify): Burial
DATE THEREOF 8/11/1952
NAME OF CEMETERY OR CREMATORY Pleasant Vues Cemetery
LOCATION (City, town, or county) (State) Middletown, Md.

DATE REC'D BY LOCAL REG. 8/10/52
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR Gladhill Co, Middletown, Md. ADDRESS

2282374281

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 1
B. REAU V. S

Received this death Certificate, August 18-
1952. Birth place. Middletown, Maryland.

Mrs Elizabeth Heck, 131

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 132

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Burkettsville
LENGTH OF STAY (in this place) 36 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Burkettsville
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) Leonard (Middle) Dowsey (Last) Weedy

4. DATE OF DEATH (Month) Aug (Day) 4 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 1-25-1867
9. AGE last birthday 85 yrs. If under 1 year Months Days If under 24 hrs. Hours

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meat Cutter
10b. KIND OF BUSINESS OR INDUSTRY Store
11. BIRTHPLACE (State or foreign country) New Castle on tide England
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME James Weedy
14. MOTHER'S MAIDEN NAME Jane Dowsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS George R. Weedy Burkettsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arterio-Sclerotic Heart Disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH 1 yr.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/19, 1951, to [illegible], 1952, that I last saw the deceased alive on 7/29, 1952, and that death occurred at 12:30 P m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) M.D. ADDRESS Louettsville Va DATE SIGNED 7/5/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8-6-1952
NAME OF CEMETERY OR CREMATORY Union
LOCATION (City, town, or county) (State) Burkettsville Md.

DATE REC'D BY LOCAL REG. [illegible]
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR C. H. Feete & Bro ADDRESS Brunswick Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
13 11 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08529

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) Frederick
LENGTH OF STAY (in this place) 8-17-52-8-21-52
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Fred. Ky
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Brunswick
STREET ADDRESS (If rural give location) 813 East Potomac Street

3. NAME OF DECEASED: (Type or Print) (First) Clark (Middle) M (Last) Wenner

4. DATE OF DEATH: (Month) Aug (Day) 21 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): married
8. DATE OF BIRTH: 7-3-1883
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Shop Laborer
10b. KIND OF BUSINESS OR INDUSTRY: B&O.R.R.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Samuel Wenner
14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: 213-09-4400
17. INFORMANT & ADDRESS: Lakie Vits Wenner Brunswick Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia
590X
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Acute Nephritis
DUE TO
(c) Myocarditis

Interval Between Onset And Death: 1 mo

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 21 July, 1952, to Aug 21, 1952, that I last saw the deceased alive on Aug 21, 1952, and that death occurred at 3:50 A from the causes and on the date stated above.
SIGNATURE E P Thomas (Degree or title) ADDRESS Frederick DATE SIGNED Wed Aug 22 52

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) Burial
DATE THEREOF Aug 23, 1952
NAME OF CEMETERY OR CREMATORY Park Heights Cem
LOCATION (City, town, or county) Brunswick Md. (State)

DATE REC'D BY LOCAL REGISTRAR 22 Aug. 1952
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR C F Fite & Bros ADDRESS Brunswick, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 26 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

08530

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY. WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Frederick; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick RFD #3
LENGTH OF STAY (In this place): 77 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Bloomfield

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick RFD #3
STREET ADDRESS (If rural, give location): Bloomfield

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Cornelius Herman (Last) Zimmerman

4. DATE OF DEATH: (Month) August (Day) 19 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 21, 1874

9. AGE last birthday: 77 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Cornelius E. Zimmerman

14. MOTHER'S MAIDEN NAME: Clementine C Stull

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Raymond A. Haugh Sr. Maryland, Frederick RFD #3,

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Intracranial Hematoma — Interval Between Onset and Death: 8 hours

904.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home

(CITY OR TOWN) Bloomfield (COUNTY) Frederick (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour): 8/19/52 11 A.M.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? Fell and Struck Head

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Charles H Cooley Jr (Degree or Title) M.D. ADDRESS: 116 Ked Ave. Frederick, Md. DATE SIGNED: 8/20/52

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial

DATE THEREOF: Aug. 22, 1952

NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery

LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REG.: 20 August 1952

REGISTRAR'S SIGNATURE: Elizabeth L. Heck

24. FUNERAL DIRECTOR ADDRESS: M.R. Etchison & Son, Frederick, Maryland

RECEIVED
AUG 21 1952
BUREAU V. S